

**STATE OF NEW HAMPSHIRE
FULL TIME ACTIVE TEAMSTERS 633 EMPLOYEES
POS & HMO PLANS
BI-WEEKLY RATES WITH \$30/\$42/\$52 EE CONTRIBUTION
EFFECTIVE 03/21/2014**

HMO

HMO EE CONTRIBUTION			HMO ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1	\$30.00	\$780.00	\$254.78	\$6,624.28	\$7,404.28
HL-2	\$42.00	\$1,092.00	\$527.53	\$13,715.78	\$14,807.78
HL-3	\$52.00	\$1,352.00	\$859.25	\$22,340.50	\$23,692.50

POS

POS EE CONTRIBUTION			POS ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1	\$30.00	\$780.00	\$310.25	\$8,066.50	\$8,846.50
HL-2	\$42.00	\$1,092.00	\$638.50	\$16,601.00	\$17,693.00
HL-3	\$52.00	\$1,352.00	\$1,036.81	\$26,957.06	\$28,309.06

MONTHLY WORKING RATES

	<u>POS</u>	<u>HMO</u>
HL-1: 1 PERSON	\$ 737.21	\$ 617.02
HL-2: 2 PERSON	\$ 1,474.41	\$ 1,233.98
HL-3: FAMILY	\$ 2,359.08	\$ 1,974.37

POINT OF SERVICE - POS

COMPANY-STATE SHARE (3006)	EMPLOYEE SHARE (3004)
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HEALTH MAINTENANCE ORGANIZATION - HMO

COMPANY - STATE SHARE (3003)	EMPLOYEE SHARE (3001)
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**WEEKLY
HRS
RANGE**

	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26 PP</u>		<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26 PP</u>
FULL TIME	HLTHS	1	\$ 310.25		HL	1	\$30.00
FULL TIME	HLTHS	2	\$ 638.50		HL	2	\$42.00
FULL TIME	HLTHS	3	\$ 1,036.81		HL	3	\$52.00

	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26 PP</u>		<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26 PP</u>
	HL	1	\$ 254.78		HLTHP	1	\$30.00
	HL	2	\$ 527.53		HLTHP	2	\$42.00
	HL	3	\$ 859.25		HLTHP	3	\$52.00

